

CHAPTER 83
IOWA SENIOR HEALTH PROGRAM

641—83.1(135) Program purpose. The purpose of the Iowa senior health program is to promote wellness and improve the health of older adults by providing health assessment and health education and to serve as an entry point into the health care system for medically underserved.

641—83.2(135) Definitions. For the purpose of these rules, unless otherwise defined, the following definitions apply:

“Administrative expense” means general overall administrative expenses not specific to the program. No more than 5 percent of the state funds received shall be used for administrative expense.

“Board of health” means a county, city or district board of health as defined in Iowa Code section 137.2.

“Comprehensive assessment” means, at a minimum, a health history, a physical assessment and care planning which includes nursing diagnosis, goal setting, health teaching and referrals. The physical assessment includes all body systems and may include age-appropriate Pap smear or prostate exam. The history and exam are focused on the review of body systems, functional abilities and medication review.

“Contractor” means a board of health or board of supervisors as agreed upon by the county board of supervisors and any local boards of health in the county.

“Core public health functions” means the following functions: community health assessment, policy development, and assurance.

1. Assessment: regular collection, analysis, interpretation, and communication of information about health conditions, risks, and assets in a community.

2. Policy development: development, implementation, and evaluation of plans and policies, for public health in general and priority health needs in particular, in a manner that incorporates scientific information and community values in accordance with state public health policy.

3. Assurance: ensuring, by encouragement, regulation, or direct action, that programs and interventions that maintain and improve health are carried out.

“Department” means the Iowa department of public health.

“Essential public health services” means those activities carried out by public health entities that fulfill the core functions.

“Health and wellness” means a state of well-being, which includes soundness of mind, body, and spirit, and the presence of a positive capacity to develop one’s potential and to lead an energetic, fulfilling, and productive life.

“Health promotion” means teaching or nursing intervention that emphasizes self-awareness and environmental awareness and promotes a life-style change that will result in optimal health and wellness.

“Health screening” means laboratory tests that may include, but are not limited to: hemoglobin, glucose, urine, and cholesterol; and vision screening, hearing screening, and hypertension screening. It also means use of assessment tools which may include, but are not limited to: assessing for depression, activities of daily living, risk for breast and cervical cancer and nutritional status.

“Low income” means a person whose income is not greater than the current federal Supplemental Security Income guidelines.

“*Match*” means \$1 of local funding is provided for each \$2 of state funding. Match may either be a hard dollar match or soft “in-kind” match. Match may not include federal or state funds received from other funders or from funds, fees or donations that have already been considered as match for another funder. Soft “in-kind” match includes resources provided for the program and covered by local funds. Examples include office space, utilities, value of clinic sites donated, telephone, supplies, office supplies, advertising, discounts of lab tests, and administrative costs. Volunteer time may be used if there is a job description, a record of time provided by the volunteer, and a reasonable value assigned.

“*Nonprofit*” means an entity that meets the requirement for tax-exempt status under the United States Internal Revenue Code.

“*Older adult*” means the age of the adult to be determined by the local contractor.

“*Partial assessment*” means a shortened version of the comprehensive health assessment that includes review of at least one body system, nursing diagnosis, goal setting, health teaching and referrals.

“*Public health nurse*” means a registered nurse who is licensed by the Iowa board of nursing and who has a baccalaureate degree in nursing or related health or human service area or has current American Nursing Association gerontology certification or has completed a community health nursing course from a baccalaureate program in an accredited college or university. The public health nurse has knowledge of prevention, health promotion and community health nursing and public health concepts.

“*Quality assurance*” means a method of review using the following process to ensure that quality care is being delivered:

1. Comparison of practice against written criteria;
2. Identification of strengths, deficiencies, and opportunities for improvement; and
3. Introduction of changes in the system based on information identified.

“*Registered nurse*” means a nurse licensed to practice as a registered nurse by the Iowa board of nursing.

641—83.3(135) Senior health program responsibility. Senior health program staff are responsible for participating in activities to safeguard the health and wellness of the community. This responsibility is met through participation in the core public health functions of assessment, policy development and assurance, and the essential public health services.

641—83.4(135) Appropriation.

83.4(1) Formula. The appropriation to each county is determined by the following formula. Each county electing to participate will receive the same base amount. Seventy-five percent of the remaining funds will be allocated based on the percent of the county’s population aged 55 and older and the remaining 25 percent based on the percent of county population that is low-income.

83.4(2) Reallocation process. Annually, by June 1, the department will determine the amount of unused funds from contracts with counties. If the unallocated pool is \$50,000 or more, it shall be reallocated to the counties in substantially the same manner as the original allocations. If the unallocated pool is less than \$50,000 for the fiscal year, the department may allocate the moneys to counties with demonstrated special needs for the older adult population.

83.4(3) Local match. The appropriation shall be distributed to counties providing funding on a matching basis of \$1 of local funding for each \$2 of state funding. Match may either be a hard dollar match or soft “in-kind” match. Match may not include federal or state funds received from other funders or from funds, fees or donations that have already been considered as match for another funder. Record of match shall be maintained by the contractor and shall be available to the department upon request.

641—83.5(135) Utilization of appropriation. The contractor may choose to utilize the funds directly or through subcontracts with governmental or nonprofit agencies. When the services are not provided directly by the contractor, the assignment of responsibilities to each agency must be clearly documented in a contract. All such subcontracts must be approved in advance by the department. When the services are provided by more than one agency, the contractor shall evaluate the degree to which the combination of the services meets the identified public health needs of the community. No more than 5 percent of the state funds received shall be used for administrative expenses.

83.5(1) Priorities. Utilization of state funds shall be based on the community health identified needs and assets of the older adult population. Emphasis shall be placed on the core public health functions and the essential public health services with a focus on the special needs of older adults. Service priorities are health assessments, health screenings, health promotion, and health teaching.

83.5(2) Alternate plan. A county may submit to the department a plan for an alternate utilization of the funding which provides for ensuring the delivery of existing services and the essential public health services based on an assessment of community needs and targeted populations to be served under the alternate plan. The department may establish demonstration projects which provide for an alternate allocation of funds based upon the proposed plan to provide essential public health services as determined by the community health assessment and targeted populations to be served. The request for an alternate plan and demonstration project shall be included in the grant application.

641—83.6(135) Client eligibility. Every older adult Iowan shall be eligible for senior health program services when assessment identifies the need for such service and adequate contractor resources exist to provide the service.

641—83.7(135) Contractor requirements. In order to receive these state funds, a contractor shall meet the following requirements:

1. Operate in conformity with federal, state, and local laws and regulations.
2. Employ an administrator to whom authority and responsibility for overall administration are delegated.
3. Ensure a personnel management system.
4. Maintain administrative and fiscal accountability through contractor records which include, at a minimum: policies, board minutes and reports, service statistics, and accounting records which indicate all accrued revenue, income and expenses. The contractor shall submit statistical reports identified by annual contract from the department.
5. Maintain clinical records appropriate to the level of service for each client who receives senior health services. The contractor shall provide for appropriate safety and security of the clinical records.
6. Provide authorized representatives of the department access to all administrative, fiscal, personnel, and client records. The clinical record is considered confidential, and department representatives will respect that confidentiality.
7. Ensure program standards which include outcomes, objectives and priorities for all services.
8. Ensure that any comprehensive or partial health assessments are performed by a physician or by a registered nurse who has completed a course in adult health assessment.
9. Ensure that population-based services are supervised by a public health nurse within two years of November 11, 1998.
10. Provide services based on identified community assets and priority needs of the older adult population.

641—83.8(135) Quality assurance program. Each contractor shall have a written plan for quality assurance for the program. Quality assurance shall include, but is not limited to, provider qualification and performance, program evaluation, and plan for quality improvement.

641—83.9(135) Billing services to state grant. These grant funds shall be billed at the lower of the cost or usual charge as approved in the grant contract. The state shall not be billed for services eligible for third-party reimbursement. The specific process for expenditure and billing of state funds shall be described in the administrative contract.

83.9(1) Cost analysis. Each contractor shall complete, at least annually, a cost analysis using a cost methodology approved by the department. Reimbursement by the department to the contractor for the fiscal year shall be based on the state-approved rate and contractual conditions.

83.9(2) Client participation. Donations from clients shall be encouraged, and each participant shall be given the opportunity to give a confidential donation. Donations shall be used to expand services in the program.

641—83.10(135) Right to appeal.

83.10(1) Local appeal. All contractors shall have a written local procedure to hear appeals. Whenever a contractor denies, reduces or terminates services eligible to be funded by the state grant against the wishes of a participant, the contractor shall notify the participant of the action, of the reason for the action, and of the participant's right to appeal. Service need not be provided during the appeal process. The local procedure shall at a minimum include the method of notification of the right to appeal, the procedure for conducting the appeal, the time frame limits for each step, and the method of notification of the outcome of the local appeal and notification of the participant's right to appeal to the state. Notifications of the outcome of the local appeal shall include the facts used to reach a decision and the conclusions drawn from the facts to support the local contractor decision. The written appeals procedure and the record of appeals filed (including the record and disposition of each) shall be available for inspection by authorized Iowa department of public health representatives.

83.10(2) Appeal to department. If a participant is dissatisfied with the decision of the local appeal, the participant may appeal to the state. The appeal shall be made in writing by certified mail, return receipt requested, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075, within 15 days following the local contractor's appeal decision.

83.10(3) Department review. The department shall evaluate the appeal based upon the merits of the local appeal documentation. A decision affirming, reversing, or modifying the local appeal decision will be issued by the department within ten days of the receipt of the appeal. The decision shall be in writing and shall be sent by certified mail, return receipt requested, to the participant and the contractor.

83.10(4) Further appeal. The department's decision may be appealed by submitting an appeal, within ten days of the receipt of the department decision, to the Division Director, Division of Family and Community Health, Iowa Department of Public Health, Lucas State Office Building, Des Moines, Iowa 50319-0075. Upon receipt of an appeal that meets contested case status, the department shall forward the appeal within five working days to the department of inspections and appeals pursuant to the rules adopted by that agency regarding the transmission of contested cases. The continued process for appeal shall be governed by 641—Chapter 173, Iowa Administrative Code.

These rules are intended to implement Iowa Code chapter 135.

[Filed 7/21/89, Notice 4/19/89—published 8/9/89, effective 9/13/89]

[Filed 9/18/98, Notice 7/15/98—published 10/7/98, effective 11/11/98]